

## **Transcript Release Authorization for Teacher Certification**

I authorize the University at Albany's Registrar's Office to release an official copy of my transcript to the Division of Teacher Certification, the State Education Department.

It is my understanding that this transcript must accompany all applications for New York State teacher/administrator certification submitted by individuals who have completed a ration program registered and approved by the State Education Department.

If I do not consent to this release, I understand that the University at Albany will not be able to recommend me for certification and that I will need to apply to the State Education Department for an individual review of my credentials. Applying without the University's recommendation will require an additional processing fee, individual transcript review, and will take additional time for processing\*.

**NAME:** \_\_\_\_\_ **STUDENT ID:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

\* Adapted from SUNY College at Oneonta, April 30, 2006